

# MISSOURI ASSOCIATION OF THE DEAF, INC.

## 2010 AFFILIATE MEMBERSHIP FORM

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_  TTY  Videophone  Fax  Voice

E-mail/Pager: \_\_\_\_\_

- TYPE OF ORGANIZATION:**
- |  |  |
|--|--|
| <input type="checkbox"/> Community or State Agency | <input type="checkbox"/> Private Business          |
| <input type="checkbox"/> Education Program         | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Interpreting Agency       | <input type="checkbox"/> Social Organization       |

**ANNUAL DUES:** \$50.00

Make check payable to: **Missouri Association of the Deaf**

Mail to: Sharlene Haney  
P.O. Box 4197  
Independence, MO 64051-4197

### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_